

- B. Assure that program regulations and instructions, including detailed billing procedures, are issued to the Division of Vocational Rehabilitation for distribution to the District Vocational Rehabilitation Offices;
- C. Assure that reimbursement will be made to Medicaid providers for services rendered to Medicaid eligible individuals (reimbursement will be made according to the provider's usual and customary charge or maximum allowable Medicaid fee whichever is less);
- D. Assure that the Medicaid fiscal agent provides training, as needed, to the District Vocational Rehabilitation Offices on billing procedures for Medicaid services;
- E. Serve as the liaison between the Division of Vocational Rehabilitation and the HRS Contract Management Team regarding computer involvement in the operation of the program;
- F. Assure that eligible individuals are informed of the availability of collateral social services such as transportation, and that such services are provided or arranged for when requested;
- G. Assure that the recipient eligibility file is accurate and up to date;
- H. Assure that eligible individuals have been issued a valid Medicaid I.D. card.
- I. Provide to each District Vocational Rehabilitation Office and the Headquarters Office, access to information regarding Medicaid eligibility.
- J. Assure that all exchanges of information will be subject to applicable State and Federal laws, agency regulations and policy, and will be accompanied by the written consent of the individual.
- K. Assure that a Program Specialist within the Medicaid Program Development Unit is assigned with ongoing liaison responsibility.

State of Florida

An Agreement Between  
The Florida Medicaid Agency,  
Florida Department of Health and Rehabilitative Services  
And  
The Florida Department of Highway Safety and Motor Vehicles

THIS AGREEMENT entered into on this 29th day of May, 1992, by and between the Florida Medicaid Agency, the Florida Department of Health and Rehabilitative Services (hereinafter referred to as Medicaid) and the Department of Highway Safety and Motor Vehicles (hereinafter referred to as HSMV) regarding the identification of Medicaid eligible individuals on HSMV accident records by means of matching computerized records of both agencies.

WHEREAS, Medicaid and HSMV, two agencies of the State of Florida, are desirous of entering into this agreement in order to facilitate the identification of Medicaid eligibles within the records of HSMV for the purpose of identifying sources of potential third party reimbursement of the State Medicaid program; and

WHEREAS, the Florida State Plan for Medical Assistance, Section 1902(1)(25) of the Social Security Act charges Medicaid with the responsibility of seeking out all potential sources of third party reimbursement of the Medicaid program; and

WHEREAS, regulations at 42 CFR 433.138 requires Medicaid, to the extent possible, conduct data exchanges with state highway accident files;

NOW THEREFORE, in consideration of the above premises and the mutual promises contained herein, Medicaid and HSMV intending to be mutually bound agree as follows:

1. Medicaid will forward to HSMV a request for the state highway accident files on a quarterly basis. Such request will be made in writing by any of the following employees of the Office of Medicaid Third Party Recovery: Planner IV, Medical Health Care Program Analyst or Staff Director.

2. HSMV will provide computer tapes or cassettes of accidents to the appropriate individual within 30 days of the request. The tape(s) or cassette(s) furnished to Medicaid will be fixed block and fixed record length format, in the record layout used by HSMV.

3. HSMV will waive any charges for production processing cost pursuant to this agreement.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
AGREEMENT BETWEEN THE  
Office of the Assistant Secretary for Medicaid  
and the  
Office of Licensure and Certification.

Attachment 4.16-A, Part

IV

The Medicaid Office is responsible for the administration of the Title XIX (Medicaid) program. The Office of Licensure and Certification (OLC) is responsible for the licensing of health care facilities and administering the surveys and inspections necessary to ensure compliance with certification conditions of participation. In the interest of conducting the survey process in the most expeditious and efficient manner, the responsibility for determining if healthcare facilities meet the requirements for participation in the Medicaid program shall be assigned to the Office of Licensure and Certification.

I. Medicaid

A. The Medicaid headquarters office shall exercise administrative direction in the development and administration of the Medicaid State Plan.

B. The Medicaid headquarters office will issue all policies, rules and regulations on Medicaid program matters.

C. The Medicaid agency has final authority over the Medicaid program. Medicaid rules, regulations and decisions shall not be revised by any other state agency.

D. The headquarters Medicaid office shall make the final decision on all certification for Medicaid participation.

Amendment 90-5  
Supercedes NEW  
Effective 1/1/90  
Approved 7-11-90

## II. Licensure and Certification

A. OLC staff shall use current federal standards to determine provider eligibility and certification under Medicaid.

B. Copies of all completed survey reports and necessary accompanying documentation must be kept on file in the central office of OLC for all facilities surveyed.

C. All information and reports shall be readily accessible to staff of the Department of Health and Human Services (HHS) and to staff of the Department of Health and Rehabilitative Services (HRS).

D. Necessary action shall be taken by OLC to require facility compliance, impose moratoriums, levy civil penalties, or to recommend termination of Medicare or Medicaid certification.

E. OLC staff shall perform on-site surveys at least once during each certification period.

## III. Survey Staff

Responsibilities of field survey staff include, but are not limited to:

A. Completing all inspection reports.

B. Annotating on report whether each requirement is satisfied.

C. Documenting all deficiencies in report.

D. Reviewing and evaluating all medical and independent professional review team reports obtained under 42 CFR 456.

E. Reviewing an irregular sample of facility payroll records to determine the average number and types of personnel.

IV. Funds

A. Funding shall be earned by the Office of Licensure and Certification through the Title XIX (Medicaid) program. Costs for the Office of Licensure and Certification staff are allocated to Medicaid based on the actual percentage of time spent performing Medicaid certification, *in accordance with the ALFA approved Cost Allocation Plan.*

B. Federal financial participation is not available in expenditures that are the state's responsibility.

V. Renegotiation or Modification

A. Modifications of this agreement shall be valid only when reduced to writing and duly signed.

B. The parties respective liabilities and responsibilities under this agreement shall be contingent upon the availability of Federal and State monies for the funding of the Title XIX Program.

VI. Termination. This agreement may be terminated by either party upon no less than 30 days written notice, without cause. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

VII. Effective Period of Agreement. This agreement by and between the Medicaid Office and the Office of Licensure and Certification will be effective on 09-01-89, and shall continue in full force and effect until otherwise revised in writing and signed by both parties or cancelled by any one of the two parties upon written notice of at least ninety (90) days prior to the proposed termination date.

Amendment 90-5  
Effective 1/1/90  
Supersedes NEW  
Approved 7-11-90  
Revised Submission 6/27/90  
Redeived: 3/30/90

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

9/1/89  
Date

Gary J. Clarke  
Gary J. Clarke  
Assistant Secretary for Medicaid

10/3/89  
Date

J. Robert Griffin  
Robert Griffin  
Assistant Secretary for  
Regulation and Health Facilities

10/26/89  
Date

Robert B. Williams  
Robert B. Williams  
Deputy Secretary for Programs

This agreement by and between the Department of Health and Rehabilitative Services, Medicaid Office, and the Department of Labor and Employment Security, Division of Vocational Rehabilitation, is effective until otherwise revised in writing and signed by both parties, or cancelled by either party upon written notice of at least thirty (30) days prior to proposed termination date. This agreement is to be reviewed jointly at least annually by both parties. Continued efforts will be made to expand the scope of this agreement with new and innovative procedures which may be added to the agreement as required.

W. Calvin Melton  
Division Director  
Division of Vocational  
Rehabilitation  
4/14/91  
Date

James J. Clarke  
Assistant Secretary  
for Medicaid  
3/25/91  
Date

Thomas W. Auld  
Assistant Secretary  
for Economic Services  
3/3/91  
Date

Ralph Achunk  
Assistant Secretary  
for Aging and Adult Services  
3-4-91  
Date

Frank Seng  
Secretary  
Department of Labor  
and Employment Security  
8/26/91  
Date

for Don Winston  
Secretary  
Department of Health and  
Rehabilitative Services  
3/15/91  
Date

4. Medicaid or its fiscal agent will write application software for the production of a system to perform the cross-match of all individual Medicaid eligibility records to records received from HSMV on a quarterly basis.

5. Medicaid, through its fiscal agent, will perform the cross-match.

6. The use or disclosure of information concerning applicants or, or recipients of medical assistance is subject to the limitations of 45 CFR 303.21. In addition, the HSMV report information is subject to the limitations of Section 440.515, Florida Statutes.

7. This agreement will continue until cancelled by either party at any given time upon written notice to the other party given at least ninety (90) days prior to any termination date.

*Chris Rothman*

Signature

~~Executive Director~~

Department of Highway Safety  
and Motor Vehicles

*Chief of General Services*

*James T. H. H.*

Signature

~~Secretary~~

Department of Health and  
Rehabilitative Services

*State Director*

*Medicare Plan Rep*

TH No. <u>92-48</u>	DATE/INITIALS <u>9-21-92</u>
SUPPLEMENTED	DATE/INITIALS <u>10-16-92</u>
TH No. <u>New</u>	DATE/INITIALS <u>7-1-92</u>



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
AGREEMENT BETWEEN THE  
Office of the Assistant Secretary for Medicaid  
and the  
Developmental Services Program Office

The Medicaid Office (PDDM) is responsible for the administration of the Title XIX (Medicaid) Program and the Developmental Services Office (PDDS) is responsible for the administration of the treatment programs for retarded and other developmentally disabled individuals. In the interest of coordinating services and maximizing resources to better serve Title XIX (Medicaid) eligible retarded and developmentally disabled citizens of Florida, the Medicaid Office and the Developmental Services Office agree to the following:

I. The Medicaid Office will:

A. Review preadmission screening and admission review policies and procedures which are developed by the Developmental Services program office for compliance with Medicaid state and federal rules and regulations.

B. Validate on a periodic basis, whether or not admission review and utilization review is performed timely and appropriately by the developmental services utilization control team.

C. Develop, distribute, implement and maintain validation and monitoring procedures.

D. Perform a comprehensive review of federal regulations and report any changes in ICF/DD admission and utilization review requirements to PDDS.

E. Provide technical assistance and consultation as necessary.

F. Serve as the Medicaid liaison with HHS regarding Title XIX (Medicaid) state plan requirements, representing the Developmental Services position on Medicaid issues that affect Florida residents with developmental disabilities.

G. Perform a comprehensive review of applicable administrative rules for the purpose of determining compliance and recommend rule updates or changes as necessary.

Amendment 90-26  
Supersedes NEW  
Effective 5/25/90

H. Perform a comprehensive review of policy and procedure manuals and forms developed by PDDS for compliance with applicable Medicaid federal and state regulations and rules.

I. Provide technical assistance and consultation and training as necessary to developmental services utilization control staff.

II. The Developmental Services Program will:

A. Develop and implement admission and continued stay review policies and procedures in accordance with 42 CFR 456.372 and 42 CFR 456.431 through 438.

B. Provide to district staff, policy manuals, training and policy interpretation for performance of admission and continued stay review for ICF/DD applicants and recipients.

C. Develop and provide forms utilized in the ICF/DD admission and continued stay review process.

D. Represent the department at appeals hearings regarding a decision which denies admission or continued placement in an ICF/DD.

E. Supervise and coordinate district Developmental Services office implementation of Medicaid ICF/DD admission review, Level II preadmission and continued placement of mentally retarded nursing home recipients and continued stay review of Medicaid ICF/MR-DD recipients.

F. Establish methods and procedures to evaluate the performance of the developmental services utilization control teams and report findings to the central Medicaid office.

G. Provide, as appropriate, general revenue funds necessary to earn Title XIX matching funds.

H. Develop policies and procedures to be used by the district Developmental Services office to evaluate whether or not mentally retarded nursing home applicants or residents require the level of services provided by a nursing facility or by ICF/DD and whether or not such residents require active treatment.

I. Promulgate rule which defines ICF/DD admission and level of care criteria.

Amendment 90-26  
Supersedes NEW  
Effective 5/25/90